



# MIAMI TOWNSHIP FIRE & EMS CLERMONT COUNTY, OHIO *OBSTETRICAL PROTOCOLS*

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## IMMINENT DELIVERY

### Historical Findings

1. Pregnant woman who is in active labor as defined by regular, frequent uterine contractions and who feels the urge to push.

### Physical Findings

1. Crowning of fetal part at vaginal opening with imminent delivery.

### Differential Diagnosis

1. Delivery not imminent.

### Protocol

1. Initiate contact; reassure, and explain procedures.
2. Assess and secure the patient's airway and provide oxygen per the airway, oxygen and ventilation protocol.
3. Obtain vital signs and begin transport.
4. Initiate IV access with a saline lock or 0.9% normal saline KVO.
5. Assist with normal delivery.
6. If baby is delivering in malpresentation (e.g. foot or arm), elevate hips of mother and transport immediately.
7. If cord is prolapsed:
  - A. Relieve pressure on the cord with hand in vagina to maintain head of baby off cord.
  - B. Elevate hips of mother.
  - C. Keep cord moist.
  - D. Transport.
8. If cord is wrapped about neck:
  - A. Attempt manual removal.
  - B. If unsuccessful, then cut cord after clamping prior to completing delivery.



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9. After the infant's head is delivered, suction the mouth, oropharynx, then nose.
10. After complete delivery, provide routine newborn care with special attention to maintenance of infant body temperature. Place infant on oxygen and suction if needed. Refer to newborn resuscitation protocol if required.
11. Apply local pressure to any sites visibly bleeding.
12. Contact medical command if any complication has occurred. Otherwise, notify the receiving hospital.
13. Resume transport to hospital with labor and delivery service.
14. If a complication such as massive bleeding or neonatal distress occurs, proceed to nearest appropriate hospital.
15. Assist with delivery of placenta and begin fundal massage.

## Notes

1. Only deliver the placenta when it has detached. Do not pull on the umbilical cord to force out the placenta as this can lead to retained placenta or uterine eversion.
2. Pregnant teenagers with vaginal bleeding or imminent delivery should be taken to a hospital with a labor and delivery service. If uncertain where patient should be taken, then contact medical command.